

Exhibit 71

Painkillers, heroin fueling a pattern of devastation, death

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ABSTRACT

Drug overdoses now kill more people in Ohio than do auto accidents, with heroin and medications in its pharmacological family like oxycodone, hydrocodone, methadone and morphine leading the way. More than a decade ago, in response to concern in the medical community that doctors were not effectively responding to patients' complaints of pain, especially chronic pain, the availability of the drugs outside of hospital or hospice settings increased.

FULL TEXT

Note: Distribution zones: All

Nearly every community in Cuyahoga County has been touched by a death from an accidental overdose of opiates prescription painkillers or the often-cheaper street drug heroin.

Those who die are increasingly younger, increasingly suburban, increasingly female with numbers overall simply increasing.

Drug overdoses now kill more people in Ohio than do auto accidents, with heroin and medications in its pharmacological family like oxycodone, hydrocodone, methadone and morphine leading the way. They accounted for more than 750 of the nearly 1,400 drug deaths in 2009, according to the Ohio Department of Health.

As the more potent painkillers have flooded the market making them easier for some suburban teens to score than beer demand for purer heroin has also boomed, causing drug poisoning deaths to swell by more than 350 percent statewide since 1999.

Prescription opiates like OxyContin are basically just pharmaceutical-grade heroin, said Orman Hall, director of Ohio's Department of Alcohol and Drug Addiction Services. They are the most addictive substance that anyone can get hooked on.

"The heroin problem is driven by the prescription drug problem," he said.

With the combined punch of street and prescription drugs, Cuyahoga County alone sees more opiate overdose deaths in one year -- about 100 -- than were seen statewide a decade ago.

About 40 additional deaths countywide in the past three years can be blamed, in part, on opiate use that caused deadly infections or other serious maladies.

"Unfortunately, it's not news to us," said Dr. Gregory Collins, director of the Cleveland Clinic Alcohol and Drug Recovery Center.

"We are seeing a trend toward younger and younger people experimenting with heroin," he said. "They are moving from alcohol to marijuana and then heroin. It's a quick progression. Sometimes there's a brief interlude with pain pills."

Some people start abusing the seemingly more palatable pills and quickly transition to the more hard-core and cheaper heroin, once addiction takes hold.

Young users with a low tolerance for the potent drug are especially at risk of death, Collins said.

About a quarter of the overdose deaths in Cuyahoga County in 2009 were people 30 or younger. "It's a fatal mix," he said.

Southern Ohio has been hit particularly hard, with Scioto County, near the West Virginia and Kentucky borders, declaring opiate addiction a public health emergency last year.

Treatment centers there are turning away addicts by the hundreds, and health officials have said one in 10 babies born there is addicted to drugs.

Rife with pill mills – from which doctors who purport to treat pain dole out a high number of opiates from their offices, often in exchange for cash – it may be the epicenter of the problem for Ohio.

The most recent surge in opiate deaths seems to closely mirror the amount of high-potency prescription opiates prescribed by doctors, both legitimately and illegally.

Drugs decrease perception of pain

Opiates are chemicals that come from the poppy flower. Opium, in its simplest form, has been used for thousands of years as a pain reliever – and a way to get high. Opioids, a synthetic form, are also used in medications and can be abused.

The chemicals work by attaching to certain receptors in the brain that decrease a person's perception of pain and increase the ability to tolerate it.

When the drug is snorted or injected, users get a warm, floating feeling. Some say they feel pleasantly numb.

However, the high achieved when a person first uses is soon replaced by a physical need for the drug in order to feel normal or to prevent withdrawal symptoms, like vomiting, fever, sweating and diarrhea.

More than a decade ago, in response to concern in the medical community that doctors were not effectively responding to patients' complaints of pain, especially chronic pain, the availability of the drugs outside of hospital or hospice settings increased.

Ohio, following the lead of other states, passed laws in the late 1990s to allow doctors to relieve pain for which there was no other treatment by using powerful prescription opiates.

The king of the new class of painkillers was OxyContin, a long-acting medication.

Collins said more doctors became interested in treating pain and used the opiate medications more aggressively and more liberally.

"They had more of a sense that patients need to be free of pain or that any pain was intolerable," Collins said. "The shift has driven more pain pills on the market."

Collins said he began to see more people who had little or no drug abuse history seeking addiction treatment – people who had fallen and injured themselves, had broken bones, had an athletic injury or a surgery. But after being prescribed potent doses of the opiates, they had trouble weaning themselves off them.

In 2007, Purdue Pharma, the manufacturer of OxyContin, was ordered by a federal judge to pay more than \$600 million in fines for downplaying how addicting and easy to abuse the drug was.

Last year, the company designed a form of the popular drug to attempt to make it harder to abuse. Addicts had crushed the pills and snorted the powder or mixed the powder with liquid so they could inject it for a more intense and faster high.

The new formula caused the pill to turn to a jellylike consistency if mixed with liquid.

Cheaper heroin draws abusers

But the change may have sent even more abusers to the more traditional – and cheaper – heroin.

Demand for heroin has ballooned, especially in the past five years.

Steven Dettelbach, the U.S. attorney for the Northern District of Ohio, said a number of factors, including prescription drug abuse, play a role in the area's increased demand for heroin and record numbers of trafficking busts.

Purity, price and new purveyors from Mexico also are part of the equation, he said.

Dettelbach said he recently asked a group of police chiefs from eight of the larger cities in the Northern Ohio Violent Crime Consortium what their single biggest crime problem was.

All but one said heroin trafficking.

"It was very sobering to hear," Dettelbach said. "It's a very socially destructive drug."

And as heroin moves to the suburbs, it's driving criminal activity there, too.

"Heroin is no longer an inner-city problem. It doesn't discriminate," Dettelbach said.

Since 2005, the amount of heroin in kilos seized in Dettelbach's district, which ranges from Toledo to Youngstown, has increased by 275 percent.

In the past two years, Dettelbach oversaw investigations that have taken down three significant heroin-trafficking rings.

As a part of those busts, investigators found stash houses in University Heights and have moved to seize a \$932,000 house in Solon that they say was home to one of the dealers.

"You would not have seen this five years ago," Dettelbach said.

Ohio's problem with opiate medications has grown so rapidly that former Gov. Ted Strickland convened a task force of health and law enforcement professionals last year to grapple with prescription drug abuse.

The task force's 75-page report primarily deals with prescription opiates but acknowledges the tacit link to the street drug.

It blames the epidemic on societal and medical trends, including aggressive marketing of the painkillers, liberal prescribing of the drugs, and the ease of getting the medications over the Internet, from pill mills, friends and family or by theft.

In October, the task force issued a report with dozens of recommendations, including bolstering law enforcement response, treatment resources and preventive efforts.

Hall, the new state drug and alcohol director, said changing the culture around how we prescribe opiates, treat addicts and deal with the surrounding crimes is critical.

Doctors and dentists need to be educated about the medicine's addictive nature to stanch the flood of pills that can be abused, he said.

Judges need to understand that opiate addicts have an incredibly high relapse rate, anywhere from 80 percent to 95 percent, so relapse is not always a willful act of misconduct that jail can correct.

Attorney General Mike DeWine also announced this week that he is dedicating money and staff to help police build cases against doctors and drug dealers peddling pain pills illegally.

Young user decided to ask for help

Some hope that the energy being directed at the epidemic can spare some of its youngest victims from a life of addiction – or death.

Victims, like one 16-year-old from the southwest suburbs, who has been sober for 27 days after using heroin for more than a year. Before that she had used marijuana and had occasionally taken prescription painkillers.

"I never worried about ending up in jail," she said, fidgeting with her dark hair and pulling her long sleeves down over her wrists. "I knew I was going to end up dead."

Her parents had no idea she was snorting and shooting heroin, "because I didn't want them to know."

But she said it was easy to buy heroin in just about any Cuyahoga County suburb.

On a recent night, while using heroin in her bedroom, the teen penned a suicide note. The next night she wrote her parents a letter. Instead of dying, she decided she wanted help.

While white middle-aged males are still the most prevalent heroin users and the most likely to die, girls are the growing customer base.

She is now learning to live without drugs at New Directions, a treatment facility for adolescents in Pepper Pike.

Suburban teens tend to have access to dangerous amounts of money, transportation and freedom, said Michael Matoney, executive director at New Directions.

Prescription pain pills are easier for many teens to get than beer, he said. And suburban children often do not get caught up in the criminal justice system, so they can continue to use drugs longer.

Parents, who may think they are protecting their children, believe in geographical cures, he said.

"Change classes, change schools, change friends," he said.

The reasons teens drink or use heroin, though, are essentially the same.

"Their addiction is to the mood swing," Matoney said. "It's often not till they stop using the alcohol or drug that you start to see the exasperation of what they are dealing with that led them there."

Teens also see that it is culturally acceptable to take pills and to not want to be in pain. And their brains aren't mature enough to process the possibly deadly consequences.

"Would I tolerate a headache? No. I would get a Tylenol," Matoney said. "We're just not really a society that has much tolerance for pain."

Plain Dealer reporter Gabe Baird contributed to this story.

To reach this Plain Dealer reporter: rdissell@plaind.com, 216-999-4121

BOX

Doses per person

Doses of opiates prescribed per person in each county in 2010. Each dose is one pill.

Cuyahoga 49.0

Geauga 39.6

Lake 60.6

Lorain 60.8

Medina 51.7

Summit 69.3

Portage 65.4

Scioto 460.0

SOURCE: Ohio State Board of Pharmacy

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